

## CLAIMS ONLY

Application Number

Filing Date

**Applicant(s)**

| CLAIMS | AS FILED |        | AFTER FIRST AMENDMENT |        | AFTER SECOND AMENDMENT |        |
|--------|----------|--------|-----------------------|--------|------------------------|--------|
|        | Indep    | Depend | Indep                 | Depend | Indep                  | Depend |
| 1      |          |        |                       |        |                        |        |
| 2      |          |        |                       |        |                        |        |
| 3      |          |        |                       |        |                        |        |
| 4      |          |        |                       |        |                        |        |
| 5      |          |        |                       |        |                        |        |
| 6      |          |        |                       |        |                        |        |
| 7      |          |        |                       |        |                        |        |
| 8      |          |        |                       |        |                        |        |
| 9      |          |        |                       |        |                        |        |
| 10     |          |        |                       |        |                        |        |
| 11     |          |        |                       |        |                        |        |
| 12     |          |        |                       |        |                        |        |
| 13     |          |        |                       |        |                        |        |
| 14     |          |        |                       |        |                        |        |
| 15     |          |        |                       |        |                        |        |
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| 27     |          |        |                       |        |                        |        |
| 28     |          |        |                       |        |                        |        |
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| 50     |          |        |                       |        |                        |        |
| Total  |          |        |                       |        |                        |        |
| Indep  |          |        |                       |        |                        |        |
| Total  |          |        |                       |        |                        |        |
| Depend |          |        |                       |        |                        |        |
| Total  |          |        |                       |        |                        |        |
| Claims |          |        |                       |        |                        |        |

| * May be used for additional claims or amendments |       |        |       |        |       |        |
|---|-------|--------|-------|--------|-------|--------|
|   | Indep | Depend | Indep | Depend | Indep | Depend |
| 51  |       |        |       |        |       |        |
| 52  |       |        |       |        |       |        |
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| 100   |       |        |       |        |       |        |
| Total   |       |        |       |        |       |        |
| Indep   |       |        |       |        |       |        |
| Total   |       |        |       |        |       |        |
| Depend  |       |        |       |        |       |        |
| Total   |       |        |       |        |       |        |
| Claims  |       |        |       |        |       |        |